Application or Docket Number

507868

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

|                  |                                                                   |                                           |                                  |                                             |                     |                                        | - 700                  | <u> </u> |                     |                        |
|------------------|-------------------------------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------|---------------------|----------------------------------------|------------------------|----------|---------------------|------------------------|
|                  |                                                                   |                                           | AIMS AS FILED - PA<br>(Column 1) |                                             | ART I<br>(Column 2) |                                        | ENTITY                 | OR       | OTHER<br>SMALL I    |                        |
| FOR              |                                                                   | NUMBE                                     | R FILED                          | NUMBER EXTRA                                |                     | RATE                                   | FEE                    | ] [      | RATE                | FEE                    |
| ВА               | SIC FEE                                                           |                                           |                                  |                                             |                     |                                        | 345.00                 | OR       |                     | 690.00                 |
| то               | TAL CLAIMS                                                        | 18                                        | minus 20                         | )= .*                                       | /                   | X\$ 9=                                 |                        | OR       | X\$18=              | 1                      |
| IND              | NDEPENDENT CLAIMS 3 = 1                                           |                                           |                                  |                                             |                     |                                        | ·                      | OR       | X78=                |                        |
| MU               | LTIPLE DEPEND                                                     | DENT CLAIM P                              | RESENT                           |                                             |                     | +130=                                  | -                      | 1        | +260=               |                        |
| • If             | the difference i                                                  | n column 1 is                             | less than zero                   | o, enter "0" in c                           | olumn 2             | L                                      |                        | OR       | TOTAL               | 1                      |
| ••               |                                                                   | AIMS AS A                                 |                                  |                                             |                     | TOTAL                                  |                        | OR       | OTHER               | THAN                   |
|                  |                                                                   | (Column 1)                                | MINENDED .                       | (Column 2)                                  | (Column 3)          | SMALL                                  | ENTITY                 | OR       | SMALL               |                        |
| AL               |                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATÉ                                   | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                  | Total                                                             | . 20                                      | Minus                            | 20                                          | =                   | X\$ 9=                                 |                        | OR       | X\$18=              |                        |
| AMENOMENT        | Independent                                                       | · If                                      | Minus                            | ·· 2                                        | = /                 | xe <b>y</b> ₽                          |                        | OR       | XEE                 | 80%                    |
| <u>ح</u>         | FIRST PRESEN                                                      | NTATION OF MI                             | ULTIPLE DEPE                     | NDENT CLAIM                                 |                     |                                        | <del> </del>           |          |                     | 001                    |
|                  |                                                                   |                                           |                                  |                                             |                     | +130=                                  |                        | OR       | +260=               | <u> </u>               |
|                  |                                                                   | ,                                         | ÷                                |                                             |                     | ADDIT. FEE                             |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|                  |                                                                   | (Column 1)                                |                                  | (Column 2)                                  | (Column 3)          |                                        |                        |          |                     |                        |
| ENT B            | B                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATE                                   | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| MENDMENT         | Total                                                             | · 23                                      | Minus                            | 20                                          | = \$3               | X\$ 9=                                 |                        | OR       | X\$18=              | 540                    |
| ME               | Independent                                                       | . 4                                       | Minus                            | 4                                           | =0                  | X39=                                   |                        | OR       | X78=                |                        |
| ⋖                | FIRST PRESE                                                       | NTATION OF M                              | ULTIPLE DEPI                     | ENDENT CLAIM                                | 1                   | +130=                                  |                        | OR       | +260=               |                        |
|                  |                                                                   |                                           |                                  |                                             |                     | TOTAL                                  |                        | OR       | TOTAL               |                        |
| ٠.               |                                                                   | (Caluma 1)                                |                                  | (Column 2)                                  | (Column 2)          | ADDIT. FEE                             | <u></u>                | jo       | ADDIT. FEE          | 107                    |
| -                | BAR ASSE                                                          | (Column 1)<br>CLAIMS                      | 2000 July                        | (Column 2)<br>HIGHEST                       | (Column 3)          |                                        | LADDI                  | 7        |                     | ADDI-                  |
| NJC              |                                                                   | REMAINING<br>AFTER<br>AMENDMENT           |                                  | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA    | RATE                                   | ADDI-<br>TIONAL<br>FEE |          | RATE                | TIONAL                 |
| <b>AMENDMENT</b> | Total                                                             | • 2                                       | Minus                            | ·· 23                                       | =                   | X\$ 9=                                 |                        | OR       | X\$18=              |                        |
| MEN              | Independent                                                       | . 9                                       | Minus                            | 4                                           | 1                   | X39=                                   | +                      | 4        | 1/22                | <del> </del>           |
| A                | FIRST PRESE                                                       | NTATION OF M                              | ULTIPLE DEP                      | ENDENT CLAIN                                | A                   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                        | ÒR       | L ~ ~ ~             | <del> </del>           |
| Γ                |                                                                   |                                           |                                  |                                             |                     | +130=                                  |                        | OR       | +260=_              |                        |
| ٦ ا              | If the entry in colu<br>If the "Highest Nu<br>"If the "Highest Nu | mber Previously F                         | Paid For IN THIS                 | S SPACE is less th                          | an 20, enter "20."  | TOTAL<br>ADDIT. FEE                    |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
| l                | The Highest Nun                                                   | nber Previously P                         | aid For (Total or                | Independent) is the                         | ne highest numbe    | r found in the a                       | ppropriate b           | ox in co | dumn 1.             |                        |